FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

MMISSION OMB Number: 3235-0076 Expires: Estimated average burden hours per response. 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
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	1			

OMB APPROVAL

Limited Partnership Interests	ment and name has changed, and indicate change.) ule 504 Rule 505 Rule 506 Section 4(6) nt	SEC Mall Processing Section
	A. BASIC IDENTIFICATION DATA	MAR U 5 2009
1. Enter the information requested about the issu Name of Issuer (check if this is an amendmen BCOM - ULLICO Southern Fund, L.P.		Washington, DC 111
Address of Executive Offices 1625 Eye St., NW Washington, DC 20006 Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 202-682-6684 Telephone Number (Including Area Code)
Brief Description of Business Closed-end real estate investment fund		PROCESSED
·	ed partnership, already formed other (ped partnership, to be formed	MAR 2 0 2009 W
· · · · · · · · · · · · · · · · · · ·	Month Year ization: 07 07 Actual Estin er two-letter U.S. Postal Service abbreviation for State N for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

,		A. BASIC II	DENTIFICATION DATA	.	
2. Enter the information req	uested for the fo	llowing:			
Each promoter of th	e issuer, if the is	suer has been organized	within the past five years;		
 Each beneficial own 	er having the pov	ver to vote or dispose, or d	lirect the vote or disposition	n of, 10% or more o	f a class of equity securities of the issue
Each executive office	er and director of	of corporate issuers and o	of corporate general and ma	anaging partners of	partnership issuers; and
Each general and me	inaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if BUSF-GP, LLC	individual)				
Business or Residence Address CORPORATION TRUST (-		01	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Mark Singleton	individual)				
Business or Residence Address 625 Eye St., NW Washing	•	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Michael Baumann	ndividual)				
Business or Residence Address 1200 Brickell Avenue, Suite		-	ode)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			· · · · · · · · · · · · · · · · · · ·	
Denny St. Romain					
Business or Residence Address 1200 Brickell Avenue, Suite		Street, City, State, Zip C FL 33131	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Herbert Kolben	ndividual)				
Business or Residence Address 1625 Eye St., NW Washing		-	ode)		
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
'ull Name (Last name first, if i	ndividual)				
Jusiness or Residence Address	(Number and S	Street, City, State, Zip Co	ode)	· .	
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if it	idividual)				
dusiness or Residence Address	(Number and S	treet, City, State, Zip Co	ode)		
	(Use blan	k sheet, or copy and use	additional copies of this si	heet, as necessary)	

,		•	•	,	В.	INFORMAT	TION ABOI	J T OFFER	ING				
_	1. If the invested and another invested to sell to see a condited investors in this officing?						Yes	No					
1.								C	×				
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							s 5,0	00.000,000				
۷.	What is the minimum investment that will be accepted from any individual?							Yes	No				
3.													E
4.	Enter th	ne informa	tion reques	ted for eac	ch person solicitation	who has be	en or will sers in conn	be paid or ection with	given, dire	ectly or inc	lirectly, any the offering		
	If a pers	on to be lis	ited is an as	sociated p	erson or ag	ent of a bro	ker or deale	er register <mark>e</mark>	d with the	SEC and/or	with a state	;	
			ame of the t , you may s							ociated per	sons of such		
Full			first, if ind				<u> </u>						
	hael Pis												
			Address (N			ity, State, 2	Zip Code)						
			Floor; Wa		JC 20006								<u></u>
ULL	ICO Inv	estment C	Company, I	nc.									
			Listed Ha										
	(Check	"All States	s" or check	individua	l States)	••••••	***************		****************	,		☑ AI	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	[IL]	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT]	NE SC	NV SD	NH) TN]	NJ TX	NM UT	NY VT	(NC) [VA]	ND WA	<u>OH</u> [₩V]	OK WI	OR WY	PA PR
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	Name (I		first, if ind	ividual)				· ·	-				
			Address ()	Number an	d Street. C	City, State.	Zip Code)						
120	00 Bricke	Il Avenue	Suite 172	0; Miami,									
			oker or De	aler									
		urities, LL(ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		·				
					-		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	[7] A!	l States
ı	[AT]	ĀK	ΑZ	[AD]	[CA]	[CO]	CT	(DE)	(DC)	(ET)	(CA)	_	[TIS]
	AL IL			AR KS	CA KY	CO LA	ME	DE MD	DC MA	(FL)	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK)	OR	PA
İ	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	$\overline{\mathbf{w}}$	WY)	PR
Full	Name (L	ast name i	first, if indi	vidual)	· · · · · · · · · · · · · · · · · · ·			 		- -	_ 		
Buci	nace or	Pesidence	Address (N	lumber on	d Street C	ity State 1	Zin Code)						
Dusii	11035 01	ixesiaciice	Addiess (i	dilloci ali	u Street, C	ny, state, 2	Lip Code)						
Nam	e of Asso	ociated Br	oker or Dea	aler					<u>-</u>				
State	s in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		·				
(Check "All States" or check individual States)								☐ All	States				
í	AL	AK	AZ	AR	CA	<u>[CO]</u>	CT	DE	DC	FL.	GA)	HI	Œ
ĺ	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
-	MT	NE	NV)	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
l	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY)	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	S	\$
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	250,000,000.0	\$ 85,850,000.00
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total tines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ 85,850,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)	_	s
	Total		\$ 0.00
			·

C. OFFER	RING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	•
and total expenses furnished in re	n the aggregate offering price given in response to Part C — Question esponse to Part C — Question 4.a. This difference is the "adjusted gro	oss	250,000,000.00
each of the purposes shown. If check the box to the left of the es	e adjusted gross proceed to the issuer used or proposed to be used for the amount for any purpose is not known, furnish an estimate asstimate. The total of the payments listed must equal the adjusted growin response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		\$	_ 🗆 \$
Purchase of real estate		🗆 \$	\$
Purchase, rental or leasing and and equipment	installation of machinery	🔲 💲	_ 🗆 \$
Construction or leasing of plant	t buildings and facilities	🗆 \$	
offering that may be used in exc	(including the value of securities involved in this change for the assets or securities of another	□ \$	□\$
		_	
		_	_
		_	_
		- 🔲 \$	
Column Totals		🗆 \$_0.00	s_0.00
Total Payments Listed (column	totals added)	[s_0	00
A STATE OF THE STA	D. FEDERAL SIGNATURE		0
The issuer has duly caused this notice signature constitutes an undertaking t	to be signed by the undersigned duly authorized person. If this noti by the issuer to furnish to the U.S. Securities and Exchange Comm are to any non-accredited investor pursuant to paragraph (b)(2) or	ice is filed under Ru nission, upon writte	
Issuer (Print or Type)	Signature	Date /	1 0
BCOM - ULLICO Southern Fund, L		3/8	109
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Cathy Ann Humphrey	Chief Compliance Officer		

END

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)